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County: Dane MIDDLETON VILLAGE NURSING/REHAB 6201 ELMWOOD AVENUE MIDDLETON 53562 Phone: (608) 831-8300 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/00): 97 Total Licensed Bed Capacity (12/31/00): 97 Number of Residents on 12/31/00: 68 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 68

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	%   	Age Groups	%	Less Than 1 Year 1 - 4 Years	75. 0 19. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2. 9	More Than 4 Years	5. 9
Day Servi ces	No	Mental Illness (Org./Psy)	17.6	<b>65 - 74</b>	11. 8		
Respite Care	No	Mental Illness (Other)	0.0	<b>75 - 84</b>	35. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.5	85 - 94	41. 2	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	8. 8	Full-Time Equivaler	
Congregate Meals	No	Cancer	1.5			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	25. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	22. 1	65 & 0ver	97. 1	[	
Transportation	No	Cerebrovascul ar	5. 9			RNs	16. 4
Referral Service	No	Diabetes	5. 9	Sex	%	LPNs	15. 7
Other Services	Yes	Respiratory	11.8			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	8.8	Mal e	39. 7	Aides & Orderlies	30. 6
Mentally Ill	No			Femal e	60. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Pri va			rivate	ivate Pay			ed Care		Percent
			Per Diem	ı		Per Die	m		Per Die	m		Per Diem	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	39	100. 0	\$366. 48	Ŏ	0. 0	\$0.00	Ŏ	0. 0	\$0.00	26	100. 0	\$150.50	3		\$300.00	68	100. 0%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	39	100.0		0	0.0		0	0.0		26	100.0		3	100.0		68	100.0%

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Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 2.4 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 0.0 88. 2 11.8 68 Other Nursing Homes 0.8 Dressi ng 2. 9 **85**. 3 11.8 68 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 96.8 Transferri ng 2.9 86.8 68 10. 3 82.4 68 0.0 Toilet Use 14.7 68 0.0 Eating 61.8 35.3 2. 9 \*\*\*\*\*\* Other Locations 0.0 Total Number of Admissions 380 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 7.4 14.7 Private Home/No Home Health 69.1 Occ/Freq. Incontinent of Bladder 55. 9 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 35. 3 0.0 Other Nursing Homes 5. 2 1. 5 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 13.9 Mobility 0.0 Physically Restrained 8.8 0.0 23.5 0.0 Other Locations 3.9 Skin Care Other Resident Characteristics 2.9 Deaths 7.9 With Pressure Sores Have Advance Directives 70.6 Total Number of Discharges With Rashes 1.5 Medi cati ons Receiving Psychoactive Drugs 41.2 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		4. 4. 4. 4. 4. 4. 4. 4.							
		Own	ershi p:	Bed	Si ze:	Li ce	Li censure:		
	Thi s	Propri etary			- 99	Ski l	led	Al l	
	Facility		Group		Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70. 1	82. 5	0. 85	87. 3	0. 80	84. 1	0. 83	84. 5	0. 83
Current Residents from In-County	85. 3	83. 3	1. 02	80. 3	1.06	83. 5	1.02	77. 5	1. 10
Admissions from In-County, Still Residing	12. 9	19. 9	0. 65	21. 1	0.61	22. 9	0. 56	21. 5	0.60
Admi ssi ons/Average Daily Census	558. 8	170. 1	3. 29	141.8	3.94	134. 3	4. 16	124. 3	4. 50
Discharges/Average Daily Census	561.8	170. 7	3. 29	143. 0	3. 93	135. 6	4. 14	126. 1	4. 46
Discharges To Private Residence/Average Daily Census	388. 2	70. 8	5. 48	<b>59. 4</b>	6. 54	53. 6	7. 24	49. 9	7. 79
Residents Receiving Skilled Care	100	91. 2	1. 10	88. 3	1. 13	90. 1	1. 11	83. 3	1. 20
Residents Aged 65 and Older	97. 1	93. 7	1.04	95.8	1.01	92. 7	1.05	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	0. 0	62. 6	0.00	57. 8	0.00	63. 5	0.00	69. 0	0.00
Private Pay Funded Residents	38. 2	24. 4	1. 57	33. 2	1. 15	27. 0	1.42	22. 6	1.69
Developmentally Disabled Residents	0. 0	0. 8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	17. 6	30. 6	0. 58	32. 6	0. 54	37. 3	0.47	33. 3	0. 53
General Medical Service Residents	8. 8	19. 9	0. 44	19. 2	0.46	19. 2	0.46	18. 4	0.48
Impaired ADL (Mean)	48. 2	48. 6	0. 99	48. 3	1.00	49. 7	0. 97	49. 4	0. 98
Psychological Problems	41. 2	47. 2	0. 87	47. 4	0. 87	50. 7	0. 81	50. 1	0. 82
Nursing Care Required (Mean)	5. 5	6. 2	0. 90	6. 1	0. 91	6. 4	0. 86	7. 2	0. 77